



STATE OF WASHINGTON  
APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT

RECEIVED

JAN 12 2010

For filing with the Department of Ecology or with County Conservancy Boards

WA State Department  
of Ecology (SWRO)

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF  
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use  
☐ Add purpose(s) of use  
☐ Change point(s) of diversion/withdrawal  
☐ Add point(s) of diversion/withdrawal  
☒ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

FOR OFFICE USE ONLY

CHANGE No. 52-22701 WRIA 23

DATE ACCEPTED 1/2/10 BY SC

FEE \$ ✓ REC'D 1/12/10

CHECK No. \_\_\_\_\_

ECY Coding: 001-002-WR10285-000011

SEPA: ☐ Exempt ☐ Not exempt

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

APPLICANT/BUSINESS NAME <u>Bruce Hille</u>	PHONE NO. <u>360 262-0623</u>	FAX NO. ( )
ADDRESS <u>PO Box 653</u>		
CITY <u>Onalaska</u>	STATE <u>WA</u>	ZIP CODE <u>98570</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>Debbie Hille</u>	PHONE NO. <u>360 262 0623</u>	FAX NO. ( )
ADDRESS <u>PO Box 653</u>		
CITY <u>Onalaska</u>	STATE <u>WA</u>	ZIP CODE <u>98570</u>

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER <u>52-22701C</u>	RECORDED NAME(S) <u>James C. Mathiesen</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO <u>I own the property where the withdrawal/diversion is</u> <u>and Pat Roden owns the property</u> <u>where the place of use used to be</u> <u>prior to 1981.</u>	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

**Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.**

FOR OFFICE USE ONLY

APP. NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ CERT. NO. 52-22701 CERT. OF CHANGE NO. CS2-22701



### 3. Point(s) of Diversion/Withdrawal:

#### A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Unnamed spring		NW	SE	27	13	1W	017165-013-000	

#### B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO

PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

### 4. Purpose of Use:

#### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
grain domestic supply and stockwater	0.02 CFS	2.5	continuously

#### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

### 5. Place of Use:

#### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

That portion of the S 1/2 SE 1/4, Sec. 27, T. 13, R. 1 W. 1/2, lying north of State Highway No. 508

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	SE	27	13	1W	Lewis	171166-3	5

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☒ NO - IF NO, PROVIDE OWNER(S) NAME:

Rat Roden 1099 ST HWY 508 Chehalis, WA 98532

#### B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

That portion of the NW 1/4 SE 1/4, Sec. 27, T. 13, R. 1 W. 1/2, lying north of State Highway No. 508 - Parcel # 171166-3

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	NW	SE	27	13	1W	Lewis	017165-013-000 5

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☐ YES ☒ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):



**6. Remarks and Other Relevant Information:**

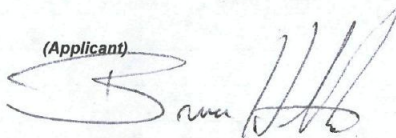


IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

**7. Signatures:**

*I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.*

(Applicant)		1 10 20 0 7 (Date)
(Water Right Holder)		1 10 20 1 0 (Date)
(Land Owner(s) of Existing Place of Use)		1/14/10 (Date)

**IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.**

**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

- |   |   |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED   | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE    |
| <input type="checkbox"/> OTHER/EXPLANATION: _____       |   |

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Point(s) of Diversion/Withdrawal - ☐ Existing ☐ Proposed:**

**Purpose(s) of Use - ☐ Existing ☐ Proposed:**

**Place of Use - ☐ Existing ☐ Proposed:**

ECY 040-1-97 (Rev. 07/08) *If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*